

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

October 5, 2006

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Russ's Market, 130 North 66th Street. Russ's Market holder of liquor license D-16636 requests this liquor license be upgraded to a class C liquor license.

James Kelsey will be the manager of this liquor license. Background information will be omitted as Mr. Kelsey was previously approved as the manager at this location.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

**The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.**

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





FILED

10-30-06

STATE OF NEBRASKA

Dave Heineman  
Governor

OCT 4 2006

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

October 3, 2006

NEBRASKA LIQUOR CONTROL COMMISSION  
Robert B. Rupe  
Executive Director

301 Centennial Mall South, 5th Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814  
TRS USER 800 833-7352 (TTY)  
web address: <http://www.lcc.ne.gov/>

City Clerk of Lincoln  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508

B + R STORES INC

Russ Market #2

130 N 6th Alasso

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

A6-109089

47

Sincerely,

Jackie B Matulka

NEBRASKA LIQUOR CONTROL COMMISSION  
Jackie B. Matulka  
Licensing Division

Enclosures  
Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

*local*

**LICENSE APPLICATION CHECKLIST**

Applicant Name BAR Stores, INC Telephone 302-403-4030

Trade Name Russ's Market #2 Previous Trade Name AUG 10 2006

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with the city/village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NOT APPLICABLE

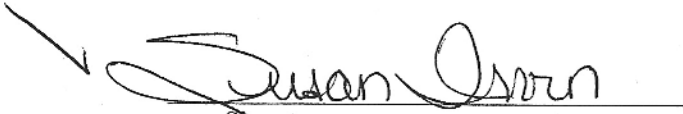
- fingerprints on file & affidavit of non participation*
- ☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$38.00 for each person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to a Nebraska State Patrol Agency or law enforcement agency listed in the fingerprint brochure.
  - ☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.
  - ☒ 3. Enclose the appropriate additional application forms; Individual License - Form 1, Partnership License - Form 2; Corporate LLC License - Form 3a and Manager application - Form 3b (with corporate application only). LLC application must include all members.
  - ☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.
  - N ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.
  - N ☐ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.
  - N ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.
  - N ☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
  - N ☐ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

*3rd ok 003290  
40 hr  
rept. 280720*

- ☒ 10. If a corporation enclose a copy of the articles of incorporation. This document must show receipt (barcode) by the Secretary of States Office.

Mail checklist, all applications and attachments to: Nebraska Liquor Control Commission, 301 Centennial Mall South,  
PO Box 95046, Lincoln NE 68509-5046

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 45-60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

  
Signature

# APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov

RECEIVED

AUG 10 2006

NEBRASKA LIQUOR  
CONTROL COMMISSION

OFFICE USE ONLY

*lottery restriction*

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/>            | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

### MISCELLANEOUS

- |                          |   |  | Bond                 |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 1,000 min.  |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 N/A         |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer   | \$545.00 5,000 min.  |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$795.00 5,000 min.  |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 1,000 min.  |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1  
☐ Partnership License, requires insert form 2  
☒ Corporate License, requires insert form 3a and manager application 3b

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: SUSAN IRVIN

Phone: (402) 325-4935

Firm Name: B&R STORES, INC.

Firm address: 4554 "W" ST. LINCOLN NE 68503

**PREMISE INFORMATION**

Trade Name (doing business as) RUSS'S MARKET #2

Street Address #1 130 N. 66TH

Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER #2

Zip Code 68505

Telephone number at premise to be licensed (402) 466-8111

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: BEER STORES, INC.

Street Address #1 \_\_\_\_\_

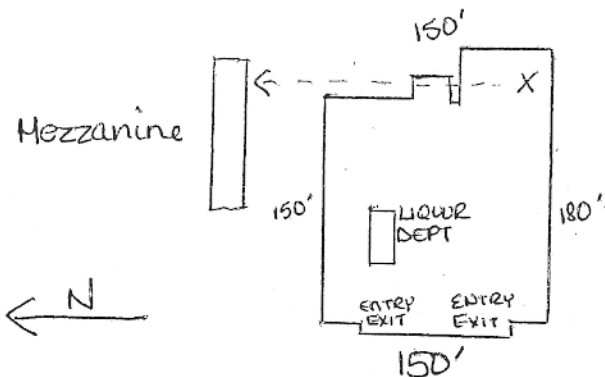
Street Address #2 4554 "W" ST.

City LINCOLN County LANCASTER

Zip Code 68503

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



BUILDING IS ONE FLOOR  
W/ MEZZANINE

LICENSE SHOULD COVER  
ENTIRE BUILDING

MAIN LEVEL  
APPROX 150' X 180'

MEZZANINE  
APPROX 60' X 20'

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.  
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes  
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Wells Fargo Bank Nebraska N.A. 1248 "O" Street Lincoln NE 68508

Signatures on Accounts: Kipp Utemark and Pat Raybould

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

PLEASE SEE ATTACHED LIST --- EXHIBIT "D"



- ✓ 12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.  
James Kelsey  
40 hours a week
- ✓ 13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.  
Store Department Manager for several years with our company.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date May 24, 2014  
☐ Deed  
☐ Purchase Agreement

- ✓ 15. When do you intend to open for business? OPEN NOW

- ✓ 16. What will be the main nature of business? What are the anticipated hours of operation?  
GROCERY STORE OPEN 24 HOURS EVERY DAY EXCEPT CHRISTMAS

- ✓ 17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
SEE ATTACHED LIST			
EXHIBIT "C"			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance



of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

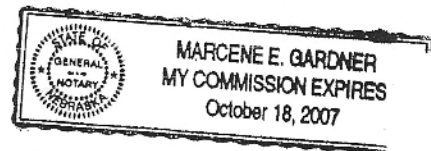
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

✓ Mary R. Bond (sign here) \_\_\_\_\_ (sign here)  
Ellie R. Bond (sign here) \_\_\_\_\_ (sign here)  
\_\_\_\_\_  
(sign here) \_\_\_\_\_ (sign here)  
\_\_\_\_\_  
(sign here) \_\_\_\_\_ (sign here)  
\_\_\_\_\_  
(sign here) \_\_\_\_\_ (sign here)

Subscribed in my presence and sworn to before me this

10 day of June, 2006  
Marcene E. Gardner  
Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

RECEIVED

AUG 10 2006

NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>

**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION B&R STORES, INC.

CLASS & LICENSE NUMBER \_\_\_\_\_

TRADE NAME RUSS'S MARKET #2

STREET ADDRESS 130 N. 66TH STREET

CITY LINCOLN

  
SIGNATURE OF CORPORATION PRESIDENT/CEO

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME KELSEY, JAMES CHARLES

ADDRESS 6252 HOLDREGE

CITY LINCOLN

STATE NE

ZIP CODE 68505

HOME PHONE NUMBER (402) 430-5360

BUSINESS PHONE NUMBER (402) 466-8111

SEX ☒ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH [REDACTED]

PLACE OF BIRTH NORTH PLATTE, NEBRASKA

DRIVERS LICENSE NUMBER & STATE [REDACTED]

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME Sara J. Kelsey

SOCIAL SECURITY NUMBER [REDACTED]

DATE OF BIRTH [REDACTED]

DRIVERS LICENSE NUMBER & STATE [REDACTED]

NE

*Spousal*

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☒ YES ☐ NO

16636 Exp Date 04/30/2007

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☒ NO

on file

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
LINCOLN, NE	1997	CURRENT	LINCOLN, NE	1997	CURRENT
NORTH PLATTE, NE	1976	1997	NORTH PLATTE, NE	1988	1997

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

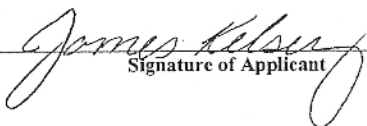
MONTH/YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
09/97	06/06	RUSS'S MARKET #2	CHRIS MURRAY	(402) 466-8111
	09/97	SHEPHERDS, INC.	ROSE FARRELL	308-534-6066

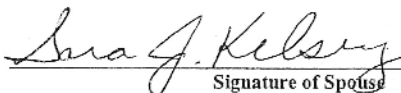
**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.


The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Applicant

  
Signature of Spouse

Subscribed in my presence and sworn to before me this 22<sup>nd</sup>  
day of June 2008

Subscribed in my presence and sworn to before me this 22<sup>nd</sup>  
day of June 2008

  
Notary Signature & Seal

  
Notary Signature & Seal



# NEBRASKA LIQUOR CONTROL COMMISSION AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

✓ Sara J. Kelsey  
Signature of Spouse

**SUBSCRIBED** in my presence and sworn to before me this 22<sup>nd</sup> day  
of June, 2006.



Lori Arterburn  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

✓ James Kelsey, James Kelsey  
Signature of licensee/applicant Print name of licensee/applicant

**SUBSCRIBED** in my presence and sworn to before me this 22<sup>nd</sup> day  
of June, 2006.

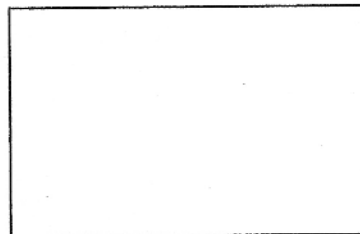
Lori Arterburn  
Signature of Notary Public

FORM 35-4178  
REV 2/01



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

B&R STORES, INC.

Corporate Street Address: 4554 "W" STREET

City: LINCOLN State: NE Zip Code: 68503

Corporate Telephone Number 402-464-6297

Total number of shares issued (if corporation) 33155

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? 47-0531640

Name of Registered Agent PATRICK RAYBOULD

Name of Proposed Manager James Kelsey  
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: RAYBOULD First Name: PATRICK MI

Address Street 9501 EASTVIEW City LINCOLN

State NE Zip Code 68505 Home Phone number 402-483-9993

Social Security Number 08-68-6896 Date of Birth 08-12-1950



List names of all Officers, Directors, Stockholders, Members and their Spouses

*signed app*  
*prints on file 6-2-00*  
Last Name RAYBOULD First Name PATRICK

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title PRESIDENT Number of Shares 4445

Spouse Name (indicate N/A if single) JANET CHUNG

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

1390

spousal

*signed app*  
*prints on file 1-1-05*  
Last Name RAYBOULD First Name RUSSELL

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title CHAIRMAN B.O.D. Number of Shares 7799

Spouse Name (indicate N/A if single) ANITA RAYBOULD

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title SECRETARY/TREASURER Number of Shares 1522

2490

590

*signed app*  
Last Name RAYBOULD First Name MICHAEL

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title VICE PRESIDENT Number of Shares 4610

Spouse Name (indicate N/A if single) WILLA RAYBOULD

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

1490

signed  
app

Last Name RAYBOULD First Name JANE

Social Security Number [REDACTED] Date of Birth [REDACTED]

Title VICE PRESIDENT Number of Shares 2909

970

signed  
app

Spouse Name (indicate N/A if single) JOSE HERRERO

Spouse Social Security Number [REDACTED] Date of Birth [REDACTED]

Title N/A Number of Shares NONE

Last Name B&R STORES, INC. PROFIT SHARING First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares 11870

3670

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

RECEIVED

AUG 10 2006

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

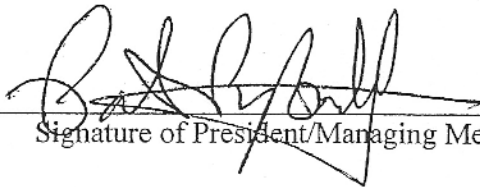
If yes, give name of corporation and supply organizational chart

NEBRASKA LIQUOR  
CONTROL COMMISSION

Indicate tax year with the IRS

Starting Date 01/01/2006

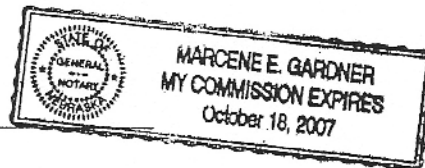
Ending Date 12/31/2006



Signature of President/Managing Member

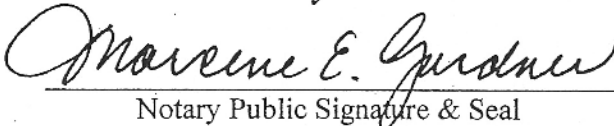


Notary Public Signature & Seal

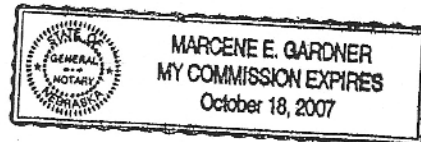


Subscribed in my presence and sworn to before me this

6 day of June, 2006



Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.